

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243-0377

PRINT CLEARLY-Please provide legal name

First Name	Middle Name	Last Name	Maiden Name (if applicable)	SSN (required)	
Email Address		Telephone Number	Date of Birth (required)	Race	Sex
Street/P.O. Box		City	State	Zip Code	

ARE YOU A VETERAN?

_____ YES _____ YEARS SERVED _____ NO

If you checked YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.com)

PLEASE READ CAREFULLY BEFORE SIGNING

Personal Affirmation: *Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license.*

Check the appropriate block for each question. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion? _____ YES _____ NO
2. Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or or an order granting pre-trial diversion? _____ YES _____ NO
3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license to expire does not apply)? _____ YES _____ NO
4. Is there any action pending against your certificate/license or application in another state? _____ YES _____ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgement, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature _____ Date _____

TRANSACTION (S) REQUESTED. (CHECK ALL THAT APPLY AND COMPLETE FOLLOWING PAGE FOR ITEM CHECKED)

TYPE OF TENNESSEE LICENSE

- _____ INITIAL TEACHING LICENSE-TN Institutions Only (Apprentice Teacher, Apprentice Special Group, and Beginning Administrator)
- _____ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA or applying based upon reciprocity)
- _____ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- _____ ALTERNATIVE " I " LICENSE (Requires signature from Director of Schools and Certification Officer of Affiliated University/College)
- _____ ALTERNATIVE " II " LICENSE (Requires signature from Director of Schools)
- _____ INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education at teacher preparation institution)
- _____ INTERIM "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
- _____ OCCUPATIONAL EDUCATION LICENSE
- _____ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
- _____ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Director of Schools, nonrenewable)
- _____ JROTC LICENSE
- _____ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST

ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LEVEL LICENSE

- _____ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel)
- _____ ADVANCEMENT FROM ALTERNATIVE "A" TO APPRENTICE LEVEL (Apprentice or Out of State)
- _____ ADVANCEMENT FROM INTERIM "B" TO APPRENTICE LEVEL (Apprentice or Out of State)
- _____ ADVANCEMENT FROM ALTERNATIVE "C" TO APPRENTICE LEVEL (Apprentice)
- _____ ADVANCEMENT FROM ALTERNATIVE "E" TO APPRENTICE LEVEL (Apprentice or Out of State)
- _____ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE
- _____ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- _____ ADVANCEMENT FROM BEGINNING ADMINISTRATOR TO PROFESSIONAL ADMINISTRATOR LICENSE

RENEWAL OF OR AMENDMENT TO AN EXISTING LICENSE

- _____ FOR RENEWAL OF LICENSE (Check one)
- _____ 5 Year License(s) _____ 10 Year License(s) _____ 5 Year Occupational License _____ 10 Year Occupational License
- _____ Alternative "A" _____ Alternative "C" _____ Alternative "E" _____ Interim "B" _____ Interim "D"
- _____ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
- _____ Master's Degree _____ Education Specialist
- _____ Master's Degree +30 semester hours _____ Doctorate Degree
- _____ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____
- _____ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change)
- _____ ADDRESS CHANGE NOTIFICATION
- _____ DUPLICATE LICENSE (Current valid Tennessee license only)

APPLICATION FOR ALTERNATIVE TYPE "II" LICENSE

APPLICANT NAME _____ **SOCIAL SECURITY NUMBER** _____

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE SCHOOL SYSTEM

INITIAL ISSUANCE OF ALTERNATIVE TYPE "II" LICENSE

OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED

Official transcripts are required for licensure purposes. Include transcripts from all institutions attended.

___ Official transcripts from all institutions are enclosed. ___ All transcripts are on file in the Office of Teacher Licensing

TO BE COMPLETED BY DIRECTOR OF SCHOOLS

Educator is eligible for issuance of the Alternative Type II License based upon one of the following:

- ___ Academic major in the area
- ___ Required Praxis tests (must be sent directly from ETS to TN Department of Education (SSN must be provided to ETS))
- ___ Verification of a minimum 24 semester hours in the teaching content area (list of courses identified)

LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT

ENDORSEMENT TITLE

ENDORSEMENT CODE

IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20___ - 20___ IN THE FOLLOWING AREA:

___ PREK ___ ELEMENTARY ___ MIDDLE ___ SECONDARY/SUBJECT ___ SECONDARY/SUBJECT ___
(K-6) (4-8) (7-12) (K-12)

School System	Signature of Director of Schools	Date
---------------	----------------------------------	------

RENEWAL OF ALTERNATIVE TYPE "II" LICENSE

TO BE COMPLETED BY SCHOOL SYSTEM

THE FOLLOWING ITEM IS REQUIRED UPON SUBMISSION OF RENEWAL REQUEST

___ Program of Studies as defined and prepared by the Certification Officer at an approved institution (attach at each renewal)

IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20___ - 20___ IN THE FOLLOWING AREA:

___ PREK ___ ELEMENTARY ___ MIDDLE ___ SECONDARY/SUBJECT ___ SECONDARY/SUBJECT ___
(K-6) (4-8) (7-12) (K-12)

By checking & signing this application I am attesting that this educator has met, and our school system has on file evidence of:

- ___ Admittance to and/or enrollment in an approved alternative licensure program AND
- ___ Verification of annual adequate progress from Certification Officer at Affiliated University or College OR
- ___ Verification from Certification Officer that all coursework has been completed except for student teaching (must attach)

School System	Signature of Director of Schools	Date
---------------	----------------------------------	------

ADVANCEMENT TO APPRENTICE LEVEL LICENSE

TO BE COMPLETED BY SCHOOL SYSTEM

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ADVANCEMENT:

- ___ Required Praxis tests must be sent directly from ETS to TN Department of Education (SSN must be provided to ETS)
- ___ Official transcripts identifying any additional course work
- ___ Verification of professional core (attach copy of Matrix)

RECOMMENDATION TO ADVANCE TO THE APPRENTICE LEVEL LICENSE

___ Verification of minimum of two years successful teaching experience (must have successfully met local evaluation)

RECOMMENDATION TO ADVANCE TO THE PROFESSIONAL TEACHER LICENSE

___ Verification of three years successful teaching experience (must have successfully met local evaluation)

_____ Signature of Director of Schools	_____ Date
---	---------------